

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

April/29/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral cervical facet injections at C3-4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgery

Fellowship Trained Spine Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The earliest record provided is a new patient surgical consultation dated 01/21/14. Tenderness patient complains of neck pain, arm pain, headaches and numbness and tingling. The patient underwent previous cervical fusion at C4-5 and C5-6 in 1992. He is noted to have failed conservative treatment to include exercise program, medications, epidural steroid injections and chiropractic care. MRI scan review dated 01/22/14 indicates adjacent segment disease with C3-4 noncontained disc herniation rated at stage III with annular herniation, nuclear extrusion and disc desiccation. Note dated 02/04/14 indicates that the patient has developed continued pain which is primarily axial in nature with radiation into his bilateral shoulders and upper arms. Office visit note dated 03/17/14 indicates that pain level is 9/10.

Initial request for bilateral cervical facet injections at C3-4 was non-certified on 03/21/14 noting that the claimant has chronic neck pain that has not been responsive to an exhaustive course of treatment. It is unclear how the diagnostic evaluation could change so rapidly from consideration of discography to face injection other than a lack of clinical findings suggestive of specific pathology. It is unclear as to how a single facet level could be responsible for the claimant's reported condition. The denial was upheld on appeal dated 04/02/14 noting that there were no physical therapy notes provided that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to previous

conservative treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient sustained injuries in xx/xxxx; however, the earliest record submitted for review is dated January 2014. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient has been recommended for discogram in consideration of surgical intervention. As such, it is the opinion of the reviewer that the request for bilateral cervical facet injections at C3-4 is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES